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FSP No: 26908

Registration No: 2015/055927/07

Customer Loyalty Consultants (PTY) Ltd (CLC)

(Hereinafter referred to by name or as "FSP")

Complaints Policy and Resolution Framework

Exceptional service and advanced technology is what gives us **THE EDGE!**

Document History

Date	Version & Status	Reviewer(s)	Action/ Comments
June 2015	1	Compliance Manager	
August 2017	2	Compliance Manager	
March 2019	3	Compliance Manager	
April 2020	4	Compliance Manager	
March 2021	5	Compliance Manager	
March 2022	6	Compliance Manager	
March 2023	7	Compliance Manager	
March 2024	8	Compliance Manager	

Document Governance and Owner

Implementation	
Effective Date	Immediate
Update Frequency	Annually
Next Review Date	March 2025
Owned by	Compliance Manager



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Introduction and Objective

CLC, an authorised financial services provider (FSP 26908), is committed to a high service standard and rendering financial services with integrity.

CLC activities include incident assistance services and products, such as roadside, household and medical assistance, Value-Added Products that are underwritten by insurers in partnership with CLC and a range of insurance claims administration services. Within a part of this product range, CLC manages products, services and claims on behalf of brokers and insurers and CLC acts as intermediaries and/ or outsource service in relation to these products and services.

The speedy resolution of complaints and the overall improvement of processes are given the highest priority and each concern is counted as valuable feedback that requires addressing in a meaningful manner.

The objective of this complaints policy and resolution framework is to formalize the process in which dissatisfaction is lodged, acknowledged, investigated, resolved and leads to overall improvement/s.

CLC is committed to:

1. All staff members receiving training in the resolution of complaints;
2. This complaints policy and resolution framework being made easily accessible to all policyholders, clients and other interested parties;
3. Complaints resolution policy and processes being continuously reassessed by senior management;
4. Overall improvement/s being actioned as a consequence of feedback received from policyholders, clients and other parties.

Important and guiding material include the General Code of Conduct issued under the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act), the Treating Customers Fairly (TCF) framework and outcomes as set up by the Financial Sector Conduct Authority (FSCA), and the Policyholder Protection Rules (PPR) issued under the Short-term insurance Act, 1998.

The Definition of a Complaint

The definition of **Complaint** that CLC has adopted is as follows:

“an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider’s service provider relating to a policy or service provided or offered by that provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that -

1. the provider or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes;
 2. the provider or its service provider’s maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
 3. the provider or its service provider has treated the person unfairly;
- regardless of whether the Complaint is submitted together with or in relation to a policyholder query.”

CLC is committed to the Treating Customers Fairly (TCF) approach in carrying out its business. TCF outcomes include:

1. Customers need to feel confident that TCF is central to our culture;
2. Products are designed, marketed and sold to the right customer, meeting their needs;
3. Customers receive clear information that is timely and relevant to them;
4. Customers receive suitable product/ sales advice that takes their circumstances into account;
5. Products and services perform as expected and the service is of an acceptable standard;
6. There are no unreasonable barriers for customers to change or switch products, claim or complain.

Note that there is no service fee charged for registering a complaint.

The Definition of a Complainant – Who may Complain?

A complainant is a person who is a client, policy holder or person who pays a premium or service fee.

This definition includes a client, policyholder or person who pays a premium or service fee, his/ her beneficiary, a spouse or registered dependents, a potential client or policyholder whose satisfaction relates to the relevant application, approach, solicitation, advertising or marketing material.

Outcomes of a Complaint

1. Rejected: Complaint was rejected, and the FSP regards the complaint as finalised after advising the complainant that the FSP does not intend to take any further action to resolve the complaint. A formal repudiation letter with all complaint details will be sent. There are two variations of a rejected complaint:
 - a) Invalid: the complainant does not accept or respond to proposals to resolve the complaint within 7 days. This includes sending relevant documentation, acting upon the advice of FSP as well as not being able to reach the complainant via telephone, SMS and E-mail (if applicable);
 - b) Unjustified: the policy has been met, complainant has been treated fairly as far as possible, there is no legal leg to stand on to assist complainant, complainant refuses to accept outcome of merit assessment and nothing further can be done to assist complainant.
2. Upheld: complaint was successful either
 - a) Wholly (complainant got exactly what he/ she was looking for);
 - b) Partially (complainant and FSP found middle ground).

There are also variations of a wholly or an upheld complaint:

- a) Compensation Payment: to compensate a complainant for a proven or estimated financial loss incurred as a result of the FSP's wrongdoing. This is either:
 - i. Payment Contractually due: the complainant should have received the assistance and help from the start, a justified complaint;
 - ii. Payment not Contractually due: the complainant does not have legal standing or a legal argument, however, due to the poor handling by FSP in the form of negligence, FSP for example refunds the complainant his/ her premiums and cancels the complaint.
- b) Goodwill Payment: the complainant is not covered in terms of the policy, but FSP is willing and able to sponsor the matter due to extraordinary circumstances.

- c) Specific performance: the complaint is remedied by a specific action being taken that equitably compensates the complainant through delivery of a service or offering, and without a direct monetary payment to the complainant.

The Category/Categories of Complaints

Complaints may fall into the following categories:

1. The design of a policy or related service;
2. Information provided to the policyholders or lack of thereof or feedback provided;
3. Policy performance and/ or servicing including negligence;
4. Admin services such as premium collection;
5. Policy accessibility, ability to change or switch;
6. Complaints handling (complaint of a complaint);
7. Complaints relating to insurance claims, such as a rejection of a merit assessment for litigation (in-Court) cover;
8. Other complaints.

How to Lodge a Complaint

You can lodge a complaint should you feel:

1. dissatisfied with any aspect of your dealings with CLC (FSP 26908); or
2. that, in terms of the above categories of complaint or TCF Outcomes, any matter should have been better handled by CLC

You lodge the complaint by:

1. **Sending a detailed e-mail to complaints@clc.co.za; or
Calling 0861 22 22 52, and advising that you would like to lodge a complaint**

The following information must be provided in order for CLC to assist:

1. Your name, surname and contact details;
2. A complete description of your complaint;
3. The name of the person who provided you with the service;
4. The date on which the event occurred;
5. All documentation relating to your complaint; and
6. Method of preferred communication

Please note the following:

1. When logging the complaint ensure that you include all the relevant information for a speedy resolution; this includes the staff member/s involved, your case or product details, any supporting documents and the relevant dates/ times relevant to your dissatisfaction. The reason for your dissatisfaction must be clear in order for CLC to investigate diligently;
2. You may send your complaint to company details provided, preferably in writing or by telephone. Note that complaints logged using a **telephone voice recording** will be reduced to writing by the officer assigned to attend to your complaint;
3. You will receive confirmation that your complaint has been received; the name of the person dealing with your complaint and confirmation that the relevant assigned staff member will contact you telephonically within **2 working days**.

Note that there is no service fee charged for registering a complaint.

Where the complaint relates to a CLC product that is underwritten by an insurer, any complaint lodged with an Ombudsman or in terms of any formal regulatory process will be dealt with exclusively by the insurer who is responsible for CLC's policies. All documents and information relating to such a complaint, must be sent to the insurer within 24 hours of receipt of the complaint. The insurer details have been noted in the policy terms & conditions and will be provided at the complaint handling stage.

The Complaint Handling Process

1. Upon contacting you telephonically, the person dealing with your complaint will introduce him/ herself and:
 - a) Ask you what your **preferred outcome** of the complaint would be? Please refer to the outcomes of a complaint mentioned in clause 4 but do not be discouraged by the terminology, the person dealing with your complaint will listen to whatever reason you have for your dissatisfaction;
 - b) Answer any and all **questions** to the best of his/ her ability;
 - c) Request your availability/ preferred times for follow-up calls and preferred communications medium for feedback (e-mail/ phone call/ SMS/ etc.);
 - d) Advise you to kindly **expect feedback within 7 days, alternatively 3 days** where time is of the essence such as where a Court date is involved;
 - e) Diarize the file for 7 or 3 days to provide feedback to you but commence investigation immediately;
 - f) It is important that you cooperate by providing copies of all relevant evidence and correspondence;
 - g) Should the matter remain unresolved after 7 or 3 days have passed and feedback has been provided, to diarize the complaints file in order to give feedback every 14 days;
 - h) You may escalate the matter internally and request to change the person dealing with your complaint where he/she did not attend to your complaint as per the 3/7/14 day diary period (to receive feedback/ assistance) as mentioned above. Simply follow the same steps as per clause 6 and advise that you wish to escalate the matter;
 - i) Should the matter be rejected as per clause 4, you will be provided with all reference numbers/ information and contact numbers of the Ombud/ Regulatory Body to take the matter further.

Complaints Escalation and Review Process

In the event that the complainant is dissatisfied with the outcome of their complaint, and the complaint relates to a CLC product that is underwritten by an insurer, the matter may be referred to that insurer. The insurer details have been noted in the policy terms & conditions and will be provided at the complaint handling stage.

Should your complaint be against CLC or the insurer, you have the recourse available to lodge your complaint with the relevant Ombudsman.

When the complaint is pertaining to a Short-term (non-life) product; the matter will be referred to the **National Financial Ombud Scheme**. The procedure for lodging a complaint may be found on the website for the Ombud for Short-term Insurance (www.nfosa.co.za) or you may obtain it directly from the Ombud at the following contact details:

Telephone: 0860 800 900

E-mail address: info@nfosa.co.za

Address: 110 Oxford Road, Houghton Estate, Johannesburg, Gauteng, 2198

Should you have a complaint against an intermediary (e.g. a broker/ sales person selling you the product) the complaint may be lodged with FSCA (Financial Sector Conduct Authority) online via www.fsca.co.za/Pages/Contact-Us

Alternatively, a complaint may be logged with the FAIS Ombud. A complaint form needs to be completed, which can be downloaded from the FAIS Ombud's website (www.faisombud.co.za). The complaints registration form is also available from the FAIS Ombud at the following contact numbers:

Telephone: (012) 762 5000 / 0860 066 3274

E-mail address: info@faisombud.co.za

Address: Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010

